PRINTED: 12/19/2014 FORM APPROVED

| Division of Health Service Regulation  |   |   |                       |  |                               |                          |
|--|---|---|-----------------------|--|-------------------------------|--------------------------|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:   |   | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01  |                       | (X3) DATE SURVEY<br>COMPLETED  |                               |                          |
|  |   | FCL001114   | B. WING               |  | 11/1                          | 3/2014                   |
| NAME OF  | PROVIDER OR SUPPLIER  | STREET AD   | DRESS, CITY,          | STATE, ZIP CODE  |                               |                          |
| MERCIFI  | JL HANDS  |   | ADO STRE<br>TON, NC 2 |  |                               |                          |
| (X4) (D<br>PREFIX<br>TAG   | (EACH DEFICIENCY  | TEMENT OF DEFICIENCIES  MUST BE PRECEDED BY FULL  SCIDENTIFYING INFORMATION)  | PREFIX<br>TAG         | PROVIDER'S PLAN OF CORRECTI<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPRO<br>DEPICIENCY) | D BE                          | (X5)<br>COMPLETE<br>DATE |
| C 000  | Initial Comments  |   | C 000                 |  |                               |                          |
|  | Report by Suzanna   | Fay   |                       |  |                               |                          |
|  |   | Section conducted a Blennial er 13, 2014 at the above   |                       | CONSTRUCTION SE  | ECTION                        |                          |
|  | referenced facility.  | DHSR records indicate the<br>nsed on August 29, 2005 as a   |                       | JAN 0 9 20   | 15                            |                          |
|  | Residents (able to e  | for six (6) ambulatory<br>evacuate and respond without<br>bal assistance during a fire or   |                       | RECEIV   | ED                            |                          |
| •  | other emergency). are requiring the ho with the following: t Rules T10: 42C, ap Rules 10A NCAC 1: and the 2002 North              | Based on this information we ame to maintain compliance the 1992 Family Care Home plicable portions of the 2005 G for Family Care Homes Carolina State Building Code esidential Care Homes. |                       |  |                               |                          |
|  |   | sit, we cited deficiencies that<br>ble plan of correction. They   |                       |  |                               |                          |
| C 117  | Have Current San.   | And Fire Safety Approvals   | C 117                 |  |                               |                          |
|  | fire and building safe  |   |                       |  |                               |                          |
|  | Inspections could no<br>this survey. Provide<br>fire inspection repor<br>DHSR/Construction<br>Corrections and mai<br>at the site. | t as evidenced by: rrent Fire and Sanitation of be located at the time of e copies of the most recent t and sanitation inspection to with the signed Plan of ke sure copies are available   |                       | As Administrator I<br>Assure that a copy of<br>Sanitation and the idea<br>remain oneste at all the           | -will<br>f-<br>ections<br>nes | 21115                    |
| INISION of Health Service Regulation ABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE  (X4) DATE |   |   |                       |  |                               |                          |
| Harretter enach Administrator 1/8/15   |   |   |                       |  |                               | 115                      |

940521

Division of Health Service Regulation

| PREVIOUS SUMMARY STATEMENT OF DEFICIENCIES PREFIX (EACH DEFICIENCY MUST BE PRECEIVED BY SUILDING: 01  COMPLETED  A. BUILDING: 01  B. WING  11/13/2014  STREET ADDRESS, CITY, STATE, ZIP CODE  1313 ELRADO STREET  BURLINGTON, NC 27217  (X4) ID SUMMARY STATEMENT OF DEFICIENCIES ID PROVIDER'S PLAN OF CORRECTION (X5)  PREFIX (EACH DEFICIENCY MUST BE PRECEIVED BY FILL)  | STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER  |   | (X2) MULTIP     | LE CONSTRUCTION   | (X3) DATE SURVEY |  |
|--|---|---|-----------------|---|------------------|--|
| MERCIFUL HANDS  SUMMARY STATEMENT OF DEFICIENCIES  BURLINGTON, NC 27217    XV.9 ID PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   DURLINGTON, NC 27217   XV.9 ID PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   DURLINGTON, NC 27217   XV.9 ID PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   DURLINGTON, NC 27217   XEGUALATORY OR LSC DEMIFYING INFORMATION, NC 27217   Building Equipment Maintained Safe, Operating   C 174   SECTION .0300 - THE BUILDING SERVICE   EQUIPMENT   (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care homes shall be maintained in a safe and operating condition.   (i) This Rule is not met as evidenced by:   1. The kitchen cabinets are pulling away from the wall leaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blooking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.   2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.   3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.   4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.   5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to | AND FOR OF CORRECTION   | IDENTIFICATION NUMBER:  | A. BUILDING: 01 |   |                  |  |
| MERCIFUL HANDS  SUMMARY STATEMENT OF DEFICIENCIES  BURLINGTON, NC 27217    XV.9 ID PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   DURLINGTON, NC 27217   XV.9 ID PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   DURLINGTON, NC 27217   XV.9 ID PREPTA   SUMMARY STATEMENT OF DEFICIENCIES   DURLINGTON, NC 27217   XEGUALATORY OR LSC DEMIFYING INFORMATION, NC 27217   Building Equipment Maintained Safe, Operating   C 174   SECTION .0300 - THE BUILDING SERVICE   EQUIPMENT   (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care homes shall be maintained in a safe and operating condition.   (i) This Rule is not met as evidenced by:   1. The kitchen cabinets are pulling away from the wall leaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blooking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.   2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.   3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.   4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.   5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to |   |   |                 |   |                  |  |
| MERCIFUL HANDS  STREET ADDRESS, CITY, STATE, ZIP CODE  1313 ELRADO STREET  BURLINGTON, NC 27217  SUMMARY STATEMENT OF DEPCEMBIES  BURLINGTON, NC 27217  BUILDING (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)  C 174  Building Equipment Maintained Safe, Operating  C 174  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE  EQUIPMENT  (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care homes.  This Rule is not met as evidenced by:  1. The kitchen cabinets are pulling away from the wall leaving a substantial gap for dirt and food particles to fall behind the countert. Contract a qualified vendor to shim the cabinets or install blocking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.  2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to  |   | FCL001114   | B. WING         |   | 44/43/2044       |  |
| MERCIFUL HANDS  1313 ELRADD STREET BURLINGTON, NC 27217    SUMMARY STATEMENT OF DEFICIENCIES   CRACH DEFICIENCY MUST BE PRECEDED BY FULL   REGULATORY OR LSC IDENTIFYING INFORMATION    TAG   C 174   Building Equipment Maintained Safe, Operating   SECTION .0300 - THE BUILDING   10A NCAC 13G .0317 BUILDING SERVICE   EQUIPMENT   (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition,   (i) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by:   1. The kitchen cabinets are pulling away from the wall teaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blocking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.  2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to  | NAME OF PROVIDER OR SUPPLIES  | Profess and   | NDERO CITAL     | CTATE TO COME   | 11/13/2014       |  |
| RURLINGTON, NC 27217  (A) ID  SUMMARY STATEMENT OF DEPOSICACIONS  GEACH DEFICIENCY MUST BE PRECEIDED BY YILL  REGULATORY OR LSC IDENTIFYING INFORMATION)  C 174  Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G, 0317  BUILDING SERVICE  ECUIPMENT  (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating care homes.  This Rule is not met as evidenced by:  1. The kitchen cabinets are pulling away from the wall leaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blooking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.  2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to  |   |   |                 |   |                  |  |
| PREFIX TAG  SEMIMARY STATEMENT OF DEFICIENCIES (PAGE)  REGULATORY OR LSC IDENTIFYING INFORMATION)  C 174  Building Equipment Maintained Safe, Operating  SECTION .0300 - THE BUILDING 10A NCAC 13G .0317  BuilLDING SERVICE ECUIPMENT  (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained by 1. The kitchen cabinets are pulling away from the wall teaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blooking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to   | MERCIFUL HANDS  |   |                 |   |                  |  |
| PREPIX TAG  REGULATORY OR LSC IDENTIFYING INFORMATION)  C 174  Building Equipment Maintained Safe, Operating SECTION. 0300 - THE BUILDING 10A NCAC 13G.0317 BUILDING SERVICE EQUIPMENT  (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition.  (j) This Rule is not met as evidenced by:  1. The kitchen cabinets are pulling away from the wall leaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blocking and caulk at the backplash to seal off the opening. Provide documentation of the repairs.  2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repeat or replace the drawer. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to  | OXO ID SUMMARY SYA  |   |                 |   |                  |  |
| SECTION .0300 - THE BUILDING 10A NCAC 13G .0317 BUILDING SERVICE EQUIPMENT (a) The building and all fire safety, electrical, mechanical, and plumbing equipment in a family care home shall be maintained in a safe and operating condition. (j) This Rule shall apply to new and existing family care homes.  This Rule is not met as evidenced by: 1. The kitchen cabinets are pulling away from the wall leaving a substantial gap for dirt and food particles to fall behind the counter. Contract a qualified vendor to shim the cabinets or install blocking and caulk at the backsplash to seal off the opening. Provide documentation of the repairs.  2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to  | PREFIX (EACH DEFICIENCY   | MUST BE PRECEDED BY FULL  | PREFIX          | (EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROI | D BE COMPLETE    |  |
| repairs.  2. One of the drawer fronts in the kitchen has fallen off. Contract a qualified vendor to repair or replace the drawer. Provide documentation of the repairs.  3. The outlet at the front porch does not have a protective cover. Contract a licensed electrician to install a cover.  4. The front porch has recently been replaced. A couple of the posts are missing the top cap. Install the caps.  5. There is a moisture stain on the ceiling of the living room near the exterior wall. Contract a qualified vendor to investigate the stain to   | SECTION .0300 - TO 10A NCAC 13G .031 EQUIPMENT  (a) The building an mechanical, and pluscare home shall be reoperating condition.  (j) This Rule shall a family care homes.  This Rule is not met 1. The kitchen cabin wall leaving a substate particles to fall behind qualified vendor to sit blocking and caulk at   | HE BUILDING 17 BUILDING SERVICE d all fire safety, electrical, mbing equipment in a family maintained in a safe and apply to new and existing t as evidenced by: nets are pulling away from the antial gap for dirt and food d the counter. Contract a him the cabinets or install t the backsplash to seal off                         | C 174           | DEFICIENCY  |                  |  |
| necessary repairs to correct the problem. Paint the ceiling. Provide documentation of the repairs.   | repairs.  2. One of the drawer fallen off, Contract a replace the drawer. It the repairs.  3. The outlet at the fir protective cover. Conto install a cover.  4. The front porch has couple of the posts at Install the caps.  5. There is a moisture living room near the equalified vendor to invide determine the cause, necessary repairs to contact the cause. | r fronts in the kitchen has qualified vendor to repair or Provide documentation of  ront porch does not have a intract a licensed electrician  as recently been replaced. A re missing the top cap.  e stain on the ceiling of the exterior wall. Contract a vestigate the stain to Have the vendor make the correct the problem. Paint |                 |   |                  |  |

Division of Health Service Regulation

| AND PL        | AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  |  | (X2) MULTIPLE CONSTRUCTION |  | (X3) DATE SURVEY |  |
|---------------|--|--|----------------------------|--|------------------|--|
|               | IDENTIFICATION NUMBER:   |  | A BUILDING: 01             |  | COMPLETED        |  |
|               |  | FCL001114  | B. WING                    |  |                  |  |
| NAME C        | F PROVIDER OR SUPPLIER   |  |                            |  | 11/13/2014       |  |
|               |  |  |                            | STATE, ZIP CODE  |                  |  |
| MERC          | IFUL HANDS   |  | RADO STRI<br>STON, NC      |  |                  |  |
| (X4) ID       | SUMMARY STA  | TEMENT OF DEFICIENCIES   |                            |  |                  |  |
| PRÉFI)<br>TAG |  |  | PREFIX<br>TAG              | PROVIDERS PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOULD<br>CROSS-REFERENCED TO THE APPROPE<br>DEFICIENCY) | BE COMPLETE      |  |
| C 17          | 4 Continued From pag   | ge 2   | C 174                      |  |                  |  |
|               | bathroom on the righ   | g away from the wall in the<br>nt. Shim the sink if required<br>Provide verification of the                                |                            |  |                  |  |
|               | <ol> <li>The exhaust fan i<br/>Sweep or vacuum or<br/>properly,</li> </ol> | in the right bathroom is dusty,<br>ut the fan so that it works   |                            |  |                  |  |
|               | to install a vent at the   | vent under the front porch,<br>Contract a qualified vendor<br>e opening to keep pests from<br>use. Provide verification of |                            |  |                  |  |
|               | Contract a qualified v   | or the dryer is missing.<br>rendor to purchase and<br>it cap. Provide a copy of the<br>cation of the repairs.              |                            | + ilms sure that   |                  |  |
|               | a licensed electrician   | et at the back of the facility<br>nd would not reset. Contract<br>to repair or replace this<br>nentation of the repairs.   |                            | t will assure that<br>building Equipment<br>will be marintained sin<br>and have all repairs don                  | 3/15/15          |  |
| C 138         | Outside Entrances/Ex   | rits-Single Hand Motion  | C 138                      | in a Timely manuse   | 13/13/13         |  |
|               | T10: 42C<br>.2209 OUTSIDE ENT<br>(d) All exit doors lock                   | RANCES AND EXITS as must be easily operable, on, from the inside at all  |                            |  |                  |  |
|               |  |  |                            |  | i I              |  |
| icion of No   | gillh Canalon Boundaries   |  |                            |  |                  |  |

Division of Health Service Regulation

| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER  FGL001114 |  | (X2) MULTIPLE CONSTRUCTION A. BUILDING: 01 B. WING   |               | (X3) DATE SURVEY<br>COMPLETED   |                       |
|--|--|--|---------------|---|-----------------------|
|  |  |  |               |   |                       |
| MERCIF   | UL HANDS   |  | RADO STRE     | •   |                       |
| (X4) ID<br>PREFIX<br>TAG   | (EACH DEFICIENCY   | TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)  | PREFIX<br>TAG | PROVIDER'S PLAN OF CORRECTION<br>(EACH CORRECTIVE ACTION SHOUL<br>CROSS-REFERENCED TO THE APPROVIDENCY) | D BE COMPLETE         |
| C 138  | Continued From page  | ge 3   | C 138         |   |                       |
| ,  | Contract a qualified   | ardware is not single action.<br>vendor to replace the<br>a action hardware. Provide   |               | JWILL ASSURE ALL OF SING!<br>ACT: ON PEN INA SING!  | exit<br>2<br> 3 15 15 |
| C 143  | Floors   |  | C 143         |   |                       |
|  | material and so conscientable.  (b) Scatter or throw. (c) All floors must be the thing that the thickness of the things of the t | is torn in several places<br>or. Contract a qualified<br>eplace the kitchen floor.<br>on of the repairs.   |               | I will assure All flo<br>Are Kept in good re  | ods<br>PA:1' 3/15/15  |
|  | T10: 42C .2213 FIRE SAFETY (a) Fire extinguisher meet these minimum (1) One 5 pound or 8 type centrally located  | s must be provided which<br>requirements:<br>arger (net charge) A-B-C<br>t; and<br>arger A-B-C or CO2 type   | C 155         |   |                       |
|  | Have a certified vend<br>and tag them with the<br>extinguishers must be  | as evidenced by: ners are in need of servicing. or inspect the extinguishers inspection date. Fire a serviced on an annual sation of the correction. |               | I will about E-Ping<br>Extinguishers Are<br>Serviced ONA ANNUA<br>BASIS                                 | 3/15/15               |

| Division of Health Service Regulation FORM APPROVED   |  |               |  |                  |  |  |
|---|--|---------------|--|------------------|--|--|
| STATEMENT OF DEFICIENCIES (X1) PROVIDER/SUPPLIER/CUA  |  |               | PLE CONSTRUCTION   | (X3) DATE SURVEY |  |  |
| , and a source now  | IDENTIFICATION NUMBER:   | A. BUILDIN    | G: 01  | COMPLETED        |  |  |
|   | ECI 004444   | B. WING       |  |                  |  |  |
| NAME OF PROVIDER OR SUPPLIER  | FCL001114  |               | 7  | 11/13/2014       |  |  |
|   |  |               | STATE, ZIP CODE  |                  |  |  |
| MERCIFUL HANDS  |  | EADO STRE     |  |                  |  |  |
| (X4) ID SUMMARY STATEM  | ENT OF DEFICIENCIES  | 1010, 100 2   | PROVIDER'S PLAN OF CORRECTIO   |                  |  |  |
| PREFIX   (EACH DEFICIENCY MUS   | BT BE PRECEDED BY FULL<br>DENTIFYING INFORMATION)  | PREFIX<br>TAG | (EACH CORRECTIVE ACTION SHOULD<br>CROSS-REPERENCED TO THE APPROP           | D BE COMPLETE    |  |  |
| C 157 Fire Safety-Any Other C   | City Ordinances  | C 157         |  | 37               |  |  |
| T10: 42C .2213 FIRE SAFETY EG (c) Any other fire safet by the city ordinances of inspectors must be met.  This Rule is not met as 1. The facility has pull station at the time of this survey must be serviced yearly that the system is service vendor to secure or repairs. Train all staff or stations. If the pull static service, have a licensed and patch the walls. Re- | QUIPMENT y requirements required or county building evidenced by: stations located at the exit at the front door was open y. Fire alarm systems Provide documentation sed. Contract a qualified air the pull station if it is comentation of the on the use of the pull ons are no longer in electrician remove them |               | Twill assure that the pull stations by Removed And the walls will be patch | 2 3/15/15        |  |  |
| · .   |  | [.            |  | i                |  |  |
| sion of Health Service Regulation   |  |               |  |                  |  |  |